# STATE OF MADVI AND CEPTIFICATE OF DEATH

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U	*	U	4	9

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(220)
County Lucia Cara	Registration Dist. No. 252
Village or City Burnismel Med	No. St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME Trisky lender	an
(a) Residence: No. Berniel Me	₽ St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Speel 10
manual married	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	22. A HEREBY CERTIFY. That I attended dacaased from
(Or) WIFE of Mary	Shell 8 1934 to April 10 1934
6. DATE OF BIRTH (month, day, and year) July 23 -188	I last say hely alive on Affect 8 193 % death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pm.
/ / / / / / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
ormin.	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mantelly that
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data daceasad last worked at this occupation (month and spant in this	7.0
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
0 10. Data daceasad last worked at 11. Total tima (years)	
this occupation (month and spant in this occupation occupation	
TO DISTRIBUTE OF CHARLES OF A STATE OF THE S	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	#110112 PH 60801, VINE
13. NAME Thomas anderson	SI CREW CONSTRUCTION OF THE RIGHT
Ŧ	TCOLO
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis! W. Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to extarnal causas (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accidant, sulcida, or homicida? Date of injury Date of injury
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT William anduran	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Runnile, mo	
18. BURIAL, BREMATION, OR REMOVAL	Manner of injury
Place Current and Date 3, 19 3	Nature of Injury
19. UNDERTAKER Harlon Blom	24. Was disease or injury in any way related to occupation of daceased?
(Addrass) Centre el Ma	If so, spacify
20 FILED apr. 13 1934 Manie S. Bright.	(Signed) at floor & Deelle M. D.
20. FILED Lift. 1 J., 19.34 Manuel X. Srafin.	(Address) Oldell A. Will Se a
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy SA IN SA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 1	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14026
1. PLACE OF DEATH	(46)
County Luces Clyre	Registration Dist. No. 252
Village or City nr. Centreville	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	ds. How long in U.S. if of foreign birth?
2. FULL NAME Clice Katherine	Benton
(a) Residence: Np	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of nathan 6. Benton	22. De I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 31-1861	I last saw h M alive on Cupue 13- 1934; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at FPm.
72 10 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
9 Tendo profession or porticular	Date of onset
Kind of work done, as SPINNER, House wife	Williamore of the
V 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	burney.
O 10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Justin and Co	Other Contributory Causes of importence:
(State or country) Maryland	
13. NAME Geo. W. Walls	
14. BIRTHPLACE (city or town) Queens any Co.	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Mary Resolution  16. BIRTHPLACE (city or town) Lean Quine Co	23. If death was due to external ceuses (VIDLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Lleen Quie Co	Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Maryland	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Com fleen (Address) Centreville md	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Controlle Date 4-8-,1934	Natura of injury
19. UNDERTAKER B. P. Fellows, (Address) Store Comments	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED apr. 6, 1934 Mamie S. Bright.	(Signed) M. D.
16 mays blank are model of the S. S. D. D.	(Address) WW

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ALCO AND	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage July		Peritonitis	3 days ago
V. b.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

3.

5a.

6. 1

7.

OCCUPATION

12.

MOTHER FATHER

17. 18.

19.

20.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04027
. PLACE OF DEATH	
County Queen Curs	Registration Dist. Np. 254
Village or City Queenstown	No. St. Ward
1 1 2 (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 27 yrs mos.	ds. How tong in U.S. if of foreign birth?
FULL NAME GULORY Brice	
(a) Residence: Np. O. Well No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of Jarale Volcussu	22. I HEREBY CERTIFY, That I attended deceased from  Much 1934 to 1934
DATE OF BIRTH (month, day, and years 12 - 27 - 1869	t last saw h LML alive on Any 15 , 1934; deeth is said
AGE Years Months Days If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at 10-30 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Trade, profession, or particular kind of work done, as SPtnnER, SAWYER, BDDKKEEPER, etc	Leg Y' Jost .
10. Date deceased last worked at do not this occupation (month end know spant in this 3 congration 3 Syrice.  BIRTHPLACE (city or town) Hary Law	Other Contributory Causes of Importance:  Lyposiuse a Caldo
13. NAME anshawer	
14. BIRTHPLACE (city or town) (State or country) Mary law	Name of operation Date of
15. MAIDEN NAME	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Address) BURIAL CREMATION, DR REMOVAL	
Piace Jarmichial Date Ar. 21 1934	Manner of injury
UNDERTAKER B. R. Fellows Md.	Neture of Injury  24. Was disease or injury In any way related to occupation of deceased?  If so, specify
FILED apr. 20, 1934 Helen M. Aldridge	(Signed) Alawur M.D.  (Address) Oulluslawu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	İ	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 123			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County Oliver Clin	Registration Dist. No. 253
Village or City Knoe Vorul	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
000 0 0 0 0 0 0 0	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	VI V
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACK _   5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
fluide white OR DIVORCED (writethe wird)	Cyrul 13 193 4.
5e. If Merried, widowed; or divorced	(Manth) (Day) (Yeer)
(or) WIFE of John Casses	22.   HEREBY CERTIFY at lattended decessed from
1 1878 1 1 4	19 J476 ( Vagna 19 19 3 4
6. DATE OF BIRTH Infonth, dey, end year) O NAT RUSES 7. AGE Years Months Days If LESS than	I last sew h alive on
1 day,hrs	to heve occurred on the date stated above, et
8 Trade profession or particular	were as follows: Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL,	Withouse of
SAW MILL, BANK, etc	193
this occupation (month and spant in this	Howar
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	ANTANTI FAMILIA
(Stete or country) md	- (mus was and one
13. NAME Mr. Summers	aly musical country 1933
14. BIRTHPLACE (city or town) Slave as Company	Neme of operation
70-00	What test confirmed diagnosis 170000119 . 9 Westhere in eu'opsy?
	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
me 7 me Brance	Where did injury occur?
17. INFORMANT (Address) Stevenswelle Wa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Haucock pate you'le 1934	Nature of injury
19. UNDERTAKER / Bacton / Bras	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centrevelle ma	If so, specify
20 FILED LOV / 3 1934 F. C. Thorasas	(Signed) Webelly VIII, Walley M. D.
Lo Cal Registrar.	(Address) 11 11 11 11 11
If more blanks are needed, address State Revistrar	2411 N Charlet Street Relimore Pequeting 71 S No.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

DDITIONAL SPACE FOR F	URTHER STATEMENT	S BY PHYSICIAN	

N. B.—WRITE PLAINLY, WIT

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(402)
County ducen Comme	Registration Dist. No. 252
Village or City Stern	NoSt.,War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME / schare + land	ier
(a) Residence: No. Cesties la Ma (Usual place of abode)	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write than word)	21. DATE OF DEATH April 22 1934 (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of So not know	22. I HEREBY CERTIFY, That I attended deceased fro
01 - 1650	19, to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
7.5 lay,hr	S. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
Trade profession or particular	The us as dead while I seed Out of one
Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	la Foran history frows
9. Industry or businass In which	Chrome haplants + heart desere
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at  11. Total time (years)	wich droppy,
O this occupation (month and spant in this	
year) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	- Star Marie
13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	10,000
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Lesign & lawer (Address) Centreville me R7D	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place and Date The 15,19	Nature of injury
19. UNDERTAKER Batton But (Address) Centriville med	24. Was disease or injury in any way related to occupation of deceased?
20 FILED apr. 24 1934 Mamie S. Bright.	(Signed) W Traslers D/ M.

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ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIA	N
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U4030
County Luce Clause	Registration Dist. No. 252
Village or City Confrequence	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Illeliam M. Frante	1 -
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  No. Color or RACE No. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Year)
5a. If married, widowed, or divorced HUSBANO of Saeller J. Colough	22. I HEREBY CERTIFO That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Upr 301-1866	I last saw h alive on 3, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 11 4   1 day,hrs.	the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trade, profession, or particular skind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Carcinomo of the Am
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	Atom and Known
0 10. Oate deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country) Selection	
13. NAME Sonak Kuan	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME DO rat Knaca	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME O TAK Kenaca  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country) Do nay Param	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Custremeter R. 3. D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OFFMATION OF REMOVAL Place Cutturell Me Date Upr 6, 19 34	Manner of injury
19. UNDERTAKER / Barton / Bras	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Culturelle, ma	If so, specify
20. FILED. apr. 6, 1934 Manie S. Bright Local Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilevsu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

Exact statement of OCEUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

N. B.-WRITE PLAINLY, WITH

	CERTIFICATE OF DEATH 04031
1. PLACE OF DEATH	<u> </u>
County Q Q Co	Registration Dist. No. 250
Village or City Lugharlle Just	No. St Ward
(If Length of residence in city or town where death occurred 55 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Ellie Phelling Dovdi	remal
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Little  Willow	21. DATE OF DEATH (Month) 193 4
5a. If married, widowed, sellivoised HUSDAND OF (or) WIFE of Samuel P Good Land	22.   I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Nau 5-1875	light saw hay alive on april 7 1984 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at
5 2 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Concar of Breat long & Date of one et
S. Hale, profession, or particular to the first control of the first con	The state of the s
O 10. Oata deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Ludlanly Tud	Other Contributory Causes of importance:
7 4 7	
E Company	Des D. D. L.
(Stala or country)	Name of operation / Steat Day Technic Date of 1433 What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Saray & Caffine	23. If death was dua to external causes (VIOLENCE) fill in also the following:
f5. MAIOEN NAME Soraly Staffises  f6. BIRTHPLACE (city or town)  (Stala or country)	Accident, suicida, or homicide?Oata of injury, f9
17. INFORMANT Marry Posel Revell 1911	Whare did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CROMATION OF REMOVED  Place Suslevacelle Data aby 9 50 34	Manner of injury
19. UNDERTAKER Barton Bras	Natura of Injury
(Addrass) Quetreville ma	If so, specify
20. FILEO ap 9 , 1934 Lane P. Kestla	(Signad) Alfraell M. O.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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(A) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate of onset
1910 Auder of epitepsy	
Chronic interstitial nephritis 1921 Run over by street car 1	week ago
	week ago
Cerebral hemorrhage July 5,1927 Peritonitis 3	days ago
Other contributory causes of importance: Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	1 year

	infor-	state
)	Jo m	plnoy
	ry ite	NS SI
	Eve	ICIA
)	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
5	ENT	TLY
TO	MAN	V C
BIL	PER	EX
CK	SA	tated
7	ISI	s ec
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보	NG	AGE
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	VITT	ully
<b>)</b>	Y, V	caref
	INI	þe
(	PEL	should
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V. 5. 140. 1	M	mat
2	. B.	
>	Z	-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04032
1. PLACE OF DEATH	
County duran amus	Registration Dist. No. 252
Village or City Barkley	No. St., Ward
Length of residence In city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME William A Hote	hims
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  MANUEL	21. DATE OF DEATH  Month)  Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of / Calie / Hutching	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) The . 8 / 881	I last saw heres calive on 4/2/4/34 / 19 1/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
53 5 2   9   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Face work.  SAWYER, BOOKKEEPER, etc.	malignancy of Stomach 3
SAWYER, BOOKKEEPER, etc.	metarlasis blever
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER. Journal Wool.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation.	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	astheria -
13. NAME Elece Hyteling	
13. NAME Glee Hutching  14. BIRTHPLACE (city or town) M D	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sussie Brooks.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ratie Hutchins (Address) Barkley M. D. R. F. D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAN  Place Losvel am. Date apr 3019 34	Manner of injury
19. UNDERTAKER A. G. B. B. A. C. (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED apr. 27, 1924 Tramise & Bright.	(Signed) Charles M. D.  (Address) Certreville held.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
735 A	- 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04033
1. PLACE OF DEATH	720
County Lucen Usane	Registration Dist. No. 2.52
Village or City nr. Centrentle	
	NOSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Garley a, Jack	ell
(a) Residence: No.	St., Ward.
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5e. If married, widowed, optivorced HUSBANO of Of Of Officer	
(or) WIFE of hillean M. heaver	22. I HEREBY CERTIFY, That I attended deceased from
Mar. 4 1 18761	l last saw h alive on
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Patriced Farmule  SAWYER, BOOKKEEPER, etc Patriced Farmule  SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this second in this	Peruciones Anaguma
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) 10 up occupation	Other Coutributary Causes of importence:
12. BIRTHPLACE (city or town) due le lane Co.	Found dead in bed.
(State or country) Maryland	
13. NAME James H. Sarriel  14. BIRTHPLACE (city or town) Careline, Co.	
14. BIRTHPLACE (city or town) Carpline Co.	Name of operation
(State or country) Mekulund	What test confirmed diagnosis? Blas LexamWas there an autopsy? Le
15. MAIDEN NAME Mary 16. Bleaterd	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Duley anne Cy.	Accident, suicide, or homicide? Date of injury19
(State or country) Makuland	Where did injury occur?
17. INFORMANT Cline Jakrell (Some)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Leulleville Oate 4 - 27-, 1934	Nature of injury
19. UNDERTAKER B.R. Fellow	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Still Poud, M.	If so, specify
20. FILEO Upr. 27, 1934 TTamie S. Gright.	(Signed) M. O.  (Address) Verthorilla Stata

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
44AV 3 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. /

OCCUPATION

MOTHER | FATHER

17. 18.

TION is very important. See instructions on back of certificate.

-WRITE PLAINLY, WITH

V. S. No. 1 N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 04034
1. PLACE OF DEATH  County	Registration Dist. No. 252
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attanded daceased from
6. DATE OF BIRTH (month, day, and year) about 1869	I last saw h death is said
7. AGE Years Months Days If LESS than I day, hrs. or min.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	there carries
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	shows of the
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of Importance:
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME DOWN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?
17. INFORMANT W 15, Humala (Address)	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piace Date 4 1334	Manner of injury
19. UNDERTAKER Mm B. Durnby.  (Address) Ruthsburg	24. Was diseasa or injury in any way related to occupation of deceased?
20, FILED april 6 1934 (Manie & Bright	(Signad) M.D. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	1 801	W. C.
	Other contributory causes of importance: APR	
May 1,1923	Gastroenteritis BT	Finar
	A.	7 70
		. 8
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: APR 2

# STATE OF MARYLAND-CERTIFICATE OF DEATH

MARGIN RESERVED

infor- state	UPA.	1 PLACE	STATE	OF MARY	I AND	CERTIFICATE OF DEA	04035
Jo PI	1000	1. PLACE	Queen a		-/1110	CERTIFICATE OF DE	ATH TT
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	Village or	and or	unes		<b>®</b>	ASSESSMENT OF THE PROPERTY OF
> 00	734		7	rsville		Registration	Dist. No. 253
Every	statement	2. FULL NA	ME Ora	death occurred	.yrs,m	(If death occurred in a hospital or institution, give its NAM  os. How long in U.S. If of foreign birth?	St., Ward
CORD. Ever	214	(a) Resider		LOWER	Q.	osds. How long in U.S. If of foreign birth?	yrsmosds.
RECORD. PHYSI				(Usual place of ab	ode)	St,Ward.	
		3. SEX	AL AND STATIST	ICAL PARTICU	LARS	MEDICAL COM	tive city or town and State
		nale	Militaria.	5. SINGLE, MARRIED, OR DIVORCED (wr.	WIDOWED,	MEDICAL CERTIFICATE  21. DATE OF DEATH	OF DEATH
BINDING ERMANEN EXACTI		5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced	plugh	<u></u>	Upril	10 24
BINDJ PERMAJ E X A C	.					22. MI HEREBY CERTIES	(Oay) (Yeer)
R B G E d E	cate	6. DATE OF BIRTH (III	ionih, dey, and year)	EC 18-1	00,	Mant 1932	Thet dattended deceased from
FOR E	certificat	Years	Months	Oays If	LESS then	l last saw h elive on Que	10 19 3 4
- "		Z 8. Trade, profession	On or particular	2 / 1 de:	y,hrs, min,	to heve occurred on the date stated above, at	7, 19_3 / death is seld
VEL THR d be y be	K Of	SAWYER, B	on, or particular k done, es SPINNER, DOKKEEPER, etc.	um 1: 1 1	2 (	The PRINCIPAL CAUSE OF DEATH and related cesses of	f importence
	on back of	9. Industry or bus	iness in which ine, es SILK MILL, BANK, etc.	VILLEY JOTO	CJ Years	(nomemie la	Date of enset
田山田中		Inic occupat:	est worked at	11 7-1-1-		M. S. ata	10-A C
RE ING I AGE that		yeer)	circinonth and	11. Total time (yeer spent in this occupation		THE WAY WHOLE I	1400
NFADING Pplied. AGI	12	2. BIRTHPLACE (city or (State or country)	town) Jarmon	y, Caroline	C	Other Contributory Caneco of Importence:	**********
UNFA UNFA supplied terms,	1ER	13. NAME Wi	elia fan	ma	0	o miputance;	
FH 1 sul ain t	FATHER	14. BIRTHPLACE (city	or town)	ers			
1 C C C	-	(State or coun	try)	CTILLA		Name of operation	
NLY, We care EATH in I	MOTHER	15. MAIDEN NAME	Tunga Co	Ce:		diegnosis?	
NL NE CEATH	8	16. BIRTHPLACE (city  (State or count	or town) arot	in Co.	23	. If deeth wes due to externel causes (VIOLENCE) fill In als	Wes there an autopsy?
DE.	17.1	NFDRMAN / US	la child	1/ 1=			injury_
E PI Should OF D	1-	(Address)	STORES	Hoyler	S <sub>I</sub>	here did injury occur? Specify city of town	
E E E	10. 5	BURIAL, CREMATION, O	R REMOVAL,	acte in	a,	(Specify city or town, control in INDUSTRY, in HDME, or	ouoty and State) in PUBLIC PLACE.
WRIT Nation		1000	asserble Dan	ellot 11	19.3 4 Me	nner of injury	
B	19. U	(Address)	4 6. Th	anno)		ture of injury	***************************************
z G	20. FI	01	31 H.D	elle m	el if s	Was disease or injury in any way related to occupation of	placed 1
			, 1934 7. 0	Showing.	2/	(Signed)	Mulling
			If more blanks ar	e needed, address State R	trar.	(Address Hereus On	M. D.
				Sime A	ънтат, 2411 N	Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	) <sub>2</sub>		111111111111111111111111111111111111111
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1PLACE OF DEATH	STATE OF MARYLAND
County Melle Clust	CERTIFICATE OF DEATH
1/-0-	Registration Dist. No. 250
Village or City Harffuy (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in steed of street and
2FULL NAME / JANUA JAN	deswelch steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SHINGLE.	16 DATE OF DEATH
WIDOWED. OR DIVORCED (Write the word)	Well (Month) 20 (Day) 193 / (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 3 1869	April 17 1930 to april 7 , 1934,
(Month) (Day) (Year)	that I last saw h alive on QM 1924
AGE   If LESS than	
// / day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. de or min.?	Contral Humonwell
(a) Trade, profession or	
particular kind of work  (b) General nature of industry	
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory Cerefiel Orley Blues 9
9 BIRTHPLACE (State or country)	Secondary 1
1 10 NAME OF	the Mysaculus (Duration) yrs mos do
FATHER Maller Varieties de	(Signed) M. D.
II BIRTHPLACE	- Agril 10 1920 4 (Address) - Ling Carely Mig
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country)  12 MAIDEN NAME  1 MAIDEN NAME	
of MOTHER lisabeth claves	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of death yrs mos ds, State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Mellie Yandan melde	Former or usual residence
(Informatit) will milestress	19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL
(Address) Harley Hell	Templeville Mol feell, 193
15 Ol Ou out / N. A.	20 UN BERTAKER ADDRESS
Filed Comil 1994 James J. Hours	John Hoping Som Mulicular
West over Registrar	11-100,01-00

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuil, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. Locomotive engineer, (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EA E CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroseinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Hacmorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthonia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." 10 ds. Never report mere symptoms or terminal condiinges, perilonacum, etc., Carcinoma, Sarcoma, etc., ol carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association. approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic valvular heart disease, etc. The Nomenclature of the eontributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLANDO37
County Queen anne	CERTIFICATE OF DEATH
	Registration Dist. No. 255
Village or City Millington (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME isstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, WISOMED.  OR DIVORCED (Write the word)	16 DATE OF DEATH April 14, 1954  (Month) (Day) (Year)
8 DATE OF BIRTH  July 31, 193  (Month) (Day) (Ye	
7 AGE   If LESS   1 day	hrs. The CAUSE OR DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(Informant) M. Elwood Walls (Address) Millington, Md. R.	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Lipil 16, 19
Filed april 15 134 H M Stucker Registra  If more b.anks are needed, addre.s : tate Neg	Was a. Then Her millington Me istrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective cf whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Colton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal menin\_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondar) or intercurrent) affection need not be st\_ted unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Com2," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJU.Y Chronic etc. The valvular heart disease; Always qualify all contributory

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MARGIN RESER	H UNFADING INK
	WRITE PLAINLY, V
V. S. No. 1	

PLACE OF DEATH County HEEM Museum	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. Z.50
Village or City Mellery (No. 2FULL NAME Serges World	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SANGLE. MARRIED, WIDOMED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h the last on The last saw h the la
yrs. 6 mos. 22 ds. or min.?	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)	Contributory Chraine Dury Store
10 NAME OF FATHER Wooleyhaud  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed)
OF MOTHER LESSMANDER HASSILL  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs descriptions d
(Informant) Equipment Workinghard  (Address) Sudlumble Md  15 Filed Pr. 5 184 James J. Bruth	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UN DERTAKER  ADDRESS  r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm tauties, seemen the duties of the en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (1) the kind of work and also (b) the (b) Grocery;

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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